



Dual Enrollment Grant

Definition: Dual Enrollment Grant

The Dual Enrollment Grant program is defined as a grant for study at an eligible postsecondary institution that is funded from net proceeds of the state lottery and awarded to students who are attending high school and who are also enrolled in college courses at eligible postsecondary institutions for which they will receive college credit.

General Requirements and Instructions:

The Dual Enrollment Grant provides financial assistance to qualified high school students in pursuit of postsecondary study at an eligible Tennessee public or private institution while receiving college credit.

The application must be completed and processed by the deadline date each semester in order for a student to participate and receive funding from this grant. The student must complete and sign Sections I and submit the application to the postsecondary institution to which the student is seeking admission. The processing deadline dates for colleges are: September 1 for fall enrollment, February 1 for spring and May 1 for summer enrollment. The processing deadline dates for Tennessee Technology Centers are: November 1 for fall enrollment, March 1 for spring and May 1 for summer enrollment.

To participate in the Dual Enrollment Grant program, a student must be a Tennessee citizen and resident of the state for one (1) year prior to enrollment and enrolled in postsecondary courses leading towards a degree. For continued participation, a student must maintain a 2.75 cumulative college grade point average that shall be certified by an Enrollment Services representative each semester. Once the courses and minimum cumulative grade point average are certified, a representative of the Bursar's Office shall process the award. **College courses taken under the restrictions of this grant do not count towards the Tennessee HOPE Scholarship college GPA and the attempted credit hours limitation.**

Students eligible to participate in the Dual Enrollment Grant program may receive up to \$600 per award year (\$300 per semester), paid at the rate of \$100 per postsecondary semester/term credit hour or approved Tennessee Technology Center schedule. This grant is subject to the availability of funding and shall only be applied towards college tuition. Other discount vouchers received by the student shall be applied toward the cost of tuition prior to utilizing the Dual Enrollment Grant. Other postsecondary institution costs not covered by this grant are the responsibility of the student.

The student shall contact the Admissions Office of the selected eligible postsecondary college to apply for admission and be accepted as a dual enrollment student. The student applying for the Dual Enrollment Grant program must be certified as eligible by the postsecondary institution and gain admission as a dual enrollment student and be enrolled in high school.

For more questions regarding the Dual Enrollment Grant program requirements, please contact the Tennessee Student Assistance Corporation at (615) 741-1346 or toll free at 1-800-342-1663. You may visit our website at www.CollegePaysTN.com for more details.

Dual Enrollment Grant Application

Section I: Student Information

- ☐ Please complete this section of the application to certify your eligibility to participate in this grant program. Submit the completed application to the Enrollment Services Office and Bursar's Office at the postsecondary institution where you are applying for admission as a dual enrollment student.

Important: The student must complete an application for dual enrollment admission at an eligible postsecondary institution in addition to completing this form.

Please Print

Name: _____ Social Security No. _____
Last First MI

Permanent Address: _____
Street City State Zip Code

Telephone No. (____) _____ Date of Birth: _____

E-mail Address: _____

Gender (Select One): ☐ Male ☐ Female Date of TN residency: _____
Month Day Year

Have you been convicted of committing a felony charge involving a controlled substance or dangerous drug? (please circle one choice) N Y ; if yes, please give date of conviction ____/____/____

Are you a U. S. citizen? ☐ Yes, I am a U.S. citizen
☐ No, but I am an eligible non-citizen. Registration #A _____
☐ No, I'm none of the above

Race (Select One): ☐ Black ☐ Asian/Pacific Islander
☐ White ☐ Hispanic
☐ American Indian/Alaskan Native ☐ Other _____

STUDENT: I certify that I am enrolled in high school and have completed the 10th or 11th grade. I understand that failure to apply and enroll at an eligible postsecondary institution will void the processing of this application to participate in the Dual Enrollment Grant program. I understand that the application shall be properly completed each semester in order to qualify. I understand that the grant shall be utilized for courses I complete that count towards hours of postsecondary credit. I also understand that if I withdraw from the eligible postsecondary institution I will be asked to pay the postsecondary institution for the courses, less any refund warranted by the postsecondary institution's refund policy.

Student's Signature Date

Parent or Guardian's Signature Date

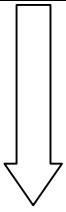
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Section II: Eligible Postsecondary Institution Information

- ☐ This section is to be completed and signed by the Enrollment Services Office and Bursar's Office representatives at the postsecondary institution.

Postsecondary Institution: _____

Name: _____ Social Security No. _____
Last First MI

Course Number	Course Name	Credit Hours/ Clock Hours	Semester/Year or Trimester/Year	Cumulative Postsecondary GPA
				

☐

This student is a new applicant and therefore does not have a postsecondary GPA.

Semester Award Amount: \$_____ (must not exceed \$300 per semester/term)

I have reviewed the information in this application and certify, to the best of my knowledge, that all information contained in this application is accurate and complete. Finally, I certify the applicant is eligible for dual enrollment at the postsecondary institution listed above.

Enrollment Services Representative Signature

(_____)_____
Enrollment Services Office Phone Number

Print Name From Above

Date Signed

Bursar's Representative Signature

(_____)_____
Bursar's Office Phone Number

Print Name From Above

Date Signed